

CDPAP TIME SHEET

Time Sheet to be signed by consumer or their rep after you complete your work week

*** For the consumer or rep to initial once you've completed your shift**

Payroll Period: _____

Aide Name: _____ Phone: _____

Client Name: _____ Phone: _____

Hours Worked	TIME IN	TIME OUT	*INITIAL	TIME IN	TIME OUT	*INITIAL	TOTAL HOURS
Sunday							
_____ DATE							
Monday							
_____ DATE							
Tuesday							
_____ DATE							
Wednesday							
_____ DATE							
Thursday							
_____ DATE							
Friday							
_____ DATE							
Saturday							
_____ DATE							

NOTE: AN AIDE CANNOT BE PAID FOR ANY HOURS WHILE EMPLOYER/ CONSUMER IS AN INPATIENT AT A HOSPITAL OR SKILLED NURSING FACILITY

Aide Signature: _____ Date: _____

Consumer Signature: _____ Date: _____

MUST BE SIGNED BY CONSUMER OR THEIR DESIGNATED REPRESENTATIVE

	SUN	MON	TUE	WED	THU	FRI	SAT
Bath: Shower/ Sponge							
Foot Care							
Skin Care/ Shampoo/ Brush Hair/ Mouth/ Teeth Care							
Toileting/Incontinence care							
Nails: clean and file only							
Assist with Dressing							
Assist Transfer Hoyer Lift							
Assist with Ambulation							
Supervise Taking Meds							
Set Up Meds							
Assist Feeding							
Prepare Meals							
Groceries/ Errands							
Laundry							
Clean Bathroom							
Clean Kitchen/ Dishes							
Make Bed							
Change Linen							
Dust/ Vacuum							
Sweep/ Mop Floors							